

TEAM ROSTER BILLINGSGATE 2011
HIGH SCHOOL OPEN

TEAM NAME: _____

AGE GROUP/ CATEGORY (BOYS/GIRLS): _____

COACH (Non-playing coach required): _____

TOWN: _____

CONTACT PHONE #: _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

ALL PLAYERS MUST BE PREPARED TO PRESENT IDENTIFICATION
(BIRTH CERTIFICATE OR SCHOOL ID AT THE DOOR.) BILLINGSGATE IS A
RECREATIONAL TOURNAMENT AND ALL PLAYERS ON THE ROSTER MUST PLAY AN
EQUAL AMOUNT OF TIME, REFEREES WILL TAKE NOTICE.

<u>NAME</u>	<u>GRADE</u>	<u>SHIRT SIZE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

CATEGORY _____ AMOUNT ENCLOSED \$ _____

I acknowledge I have read the Tournament rules and agree to follow them:

Signature of Non-Playing Coach

PLEASE SUBMIT AN ADDITIONAL ROSTER ELECTRONICALLY
TO: Recreation@Wellfleet-ma.gov.

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER
MARCH 3, 2011.